

Temporary Promotional Sign Permit Type 1: TEMPORARY WINDOW SIGNS

Address where sign(s) will be located	d:		
Business name:			
Contact Person:	Phone Number:		
	e, location, and content of temporary window signs, as well as e to within 10%). A photograph of the building façade may be		
DISPLAY SCHEDULE (inclusive D	ATES, calendar year only)		
Sign Display ON	Sign Display OFF		
Sign Display ON	Sign Display OFF		
Sign Display ON	Sign Display OFF		
Sign Display ON	Sign Display OFF		
Sign Display ON	Sign Display OFF		
Sign Display ON	Sign Display OFF		
Sec. 8-22101(C) Promotional Signs may be allowe Sec. 8-22101(C)(1) (a) No permit shall be required for temporary and permanent signs (incomot exceed a maximum of 36 square shall be exempt from the time limits (b) Temporary window signs not ex	temporary window signs when total window coverage by cluding exempt signs) is ten percent (10%) or less and does feet on any building frontage. Such temporary window signs a provided below. Seempt under subsection (a) may be allowed subject to a sign		
from permits) is thirty percent (3 any building frontage. Such signs m	rage by temporary and permanent signs (including signs exempt 10%) or less and does not exceed a maximum of 36 square feet on may be displayed at any time during a period not to exceed 60 nediately by a period of at least 30 consecutive days during which yed.		

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Posters promoting community events are not regulated or included in the window coverage calculation.

AGREEMENT

I, the undersigned, have read and will comply with the foregoing regulations. I agree to remove the sign(s) described herein upon the expiration of the display period(s) specifically stated in this application. I understand that violations may result in permit revocation, daily issuance of infraction or administrative citations (including fines) and/or pursuit of civil injunctions. Under Fremont Municipal Code Sec. 8-22108(b), the City may also enter the property (after due notice) to remove expired signs.

Applicant Sig	gnature	Date		
Print Name o	f Applicant (Res	ponsible Individual)	Title	
* * * * * * *	* * * * * * * * *	******	* * * * * * * * * * * * * * * * * * * *	****
CHANGES				
periods may l be returned to PLEASE AD	be added to this a the City Develo	application, for no additional for pment Services Center for thing period(s) (or other change),	on after it is initially filed, the subseque, at any time. A copy of this applic s purpose in person or by mail, fax or on the schedule on page 1 of this form	cation may drop-off.
Address: Fax:	39550 Liber (510) 494-4	rty Street, P.O. Box 5006, Fred 467	mont, CA 94537-5006	
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FAX APPLI	CATIONS (th	is section to be completed for	initial permit applications by fax only	y)
Charge to: ■	MasterCard	Visa		
Card Number	r:		Expiration Date	:
Name as it ap	ppears on Card: _			
Signature:			Date:	
When comple	etely filled out ar	nd signed, please fax pages 1 a	and 2 of this application to (510) 494-	4467.
* * * * * * *	******	*******	*******	****
FOR CITY S	STAFF USE ON	NLY		
Approved by		Date	Permit	No.

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